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U.S. Rep. Brad Miller stumps for health care reform

by Bob Geary

Lydia Tolar, a single mom from Cary with two small children, is a breast cancer survivor. And because she feels uncertain about her health insurance, she is also considering having a prophylactic amputation of her other breast while she still has coverage.

"I've been thinking about this and I've realized that people with illnesses and pre-existing conditions seem to be the one class of Americans against whom it's still considered acceptable to discriminate," said Tolar at the Raleigh office of U.S. Rep. Brad Miller last week. "In fact, it's precisely by discriminating against people like me, with pre-existing conditions, and millions of others with pre-existing conditions, that health care companies reap their windfall profits."

Miller, who invited Tolar and Sally Bean, a retired schoolteacher, whose husband has cancer, to help him make the case for reform, agreed.

"If I get seriously ill, and I'm worried about getting my treatment approved," Miller said. "I'd rather that decision not be made by someone who's trying to make as much profit as possible."

Contrast that with Dallas Woodhouse, head of the North Carolina chapter of Americans for Prosperity, the conservative group that's fighting reform. At a rally Sunday in Raleigh, Woodhouse said he's a Type I diabetic who'd rather count on the private health care system, not government, to keep him alive for his wife and two sons.

"I will always be worth more to them," Woodhouse said, gesturing to his family, "than some bean-counter, pencil-pushing bureaucrat in Washington, D.C."

So went the week in health care reform review: While opponents took to the streets to attack the specter of socialism and the possibility that big government could deny them critical care, reform's defenders, including Miller, tried to focus public attention on the denials of care that private insurers are getting away with right now.

Tolar is a self-employed grants writer. Because of her cancer, and the economy, her income is down. When her current insurance coverage under COBRA runs out, she'll be looking at a annual bill of \$17,000 for health coverage.

She won't be able to pay it, she said, which is why she's been looking, unsuccessfully, for a salaried job with benefits.

Bean, who taught for 30 years in Granville County, retired three years ago to care for her mother, who has Alzheimer's. In February, Bean's husband, never seriously ill before, was diagnosed with cancer. Unable to recover, he lost his job with a restaurant company in July.

At 56, they're a long way from being eligible for Medicare. For the next 18 months, they'll be covered under COBRA. But when that disappears, they face financial ruin—or worse.

"He clearly has a pre-existing condition," Bean said, fighting back tears. "I can't tell you which one scares me more at night, or wakes me up more at night, his current medical condition, or the fact that in 18 months, we'll have no care for him.

"We tried so hard to work all of our lives, and do the things we thought we were supposed to do," she said. "... Looking at the very real possibility of losing our home, and everything we've worked for our entire lives—I can't understand why people won't entertain, and listen to the possibility that we need drastic reform. Because as I say, we're not special. There are many, many others like us."

Miller then focused on House Bill 3200, which he described as health-care insurance reform.

The bill, passed in slightly different form by three House committees, is intended to regulate the private insurers, he insisted, not replace them with a government-run system of health care as some critics contend.

The public option plan that it contains, Miller said, is just that: an option for some consumers, not a requirement. Its purpose is to keep the private companies "honest" and, by offering some competition, make them reduce their prices over time.

If it survives the final version of reform and is available to federal employees—two big ifs—Miller said he'd sign up for it. ***"I don't want the private insurance industry to make a nickel off of me if I can help it,"*** he snapped.

But overall, Miller argued, the level of regulation contemplated in the bill is less than North Carolina's system of auto insurance regulation.

Congress isn't proposing to set rates for the private insurers, he said, though it would require them to offer preventive services without co-pays or deductibles.

Nor is it out to tell insurers what to cover, though the House bill would require all plans to provide an "essential benefits" package as defined by a new federal agency, and would bar them from setting annual or lifetime limits on how much they'll pay.

It would also bar insurers from rejecting applicants or charging them more for it based on pre-existing medical conditions like Tolar's and Bean's husband's.

"Health insurance now," Miller said, ***"makes its profits by trying to design policies that won't cover people who actually get sick, or tries to find a way to avoid providing the care people need—expensive care—when they get sick."***

Regardless of the critics' tactics and "distractions," he said, ***"that's what the debate really***

ought to be about."